

Mountain View Police Department Program and Services Application

To request a special service or program of the Mountain View Police Department, please complete the following information and mail or fax to the Police Department's Community Action and Information Unit at 1000 Villa Street, Mountain View, CA 94041 or Fax (650) 903-6431. You may also email it the department at police@ci.mtnview.ca.us. After review of your request we will be in contact with you by phone or email within 7 days. Services provided are based on department staffing, availability and resources. Services and programs are not scheduled until you receive confirmation from the Mountain View Police Department. For any additional information contact our Community Action and Information Unit at (650) 903-6707.

Services

- ☐ Child Fingerprinting
Service provided by appointment only, children must be 3 – 12 years of age
Number of children _____ Ages of Children _____
- ☐ Crime Prevention Brochures
Quantity and topic _____
(Click here for online listing of brochures and crime prevention information
http://www.ci.mtnview.ca.us/citydepts/pd/cp/crime_prevention.htm)
- ☐ Crime Prevention Presentations
Topic include: Personal Safety, Home Security, Fraud Prevention, Senior Safety, Youth Safety, Commercial Security, Workplace Violence Prevention, Vehicle Security and presentations designed to meet your specific needs.

Presentation Topic _____
- ☐ Guest speaker for your organization Topic _____
- ☐ Neighborhood event that you would like an officer to stop by and visit (i.e. block party, neighborhood event, youth event)
- ☐ Financial Institution Mock Robbery Training
- ☐ Tour of the Police Department
- ☐ Commercial Security Site Inspection
- ☐ Residential Security Inspection
- ☐ Schedule a viewing of the Megan's Law Sexual Registrant Database
- ☐ Information on the Neighborhood Watch Program
- ☐ Information on the Business Watch Program
- ☐ Information on the Volunteers In Partnership Program
- ☐ Information on the Police Explorer Program

Number of participants (if applicable) _____ Preferred date and time _____
Your Name _____ Title if representing an Organization _____
Address _____
Home Phone _____ Work Phone _____ Email _____
Organization _____